



**INDIANA STATE DEPARTMENT OF HEALTH**  
**INJURY / INCIDENT REPORT FOR YOUTH CAMPS**  
State form 51866 (8-04)

Instructions:

1. Mail form to:  
State Department of Health  
2 North Meridian Street, 5E  
Indianapolis IN 46204-3006

Direct questions to: 317/233-7811 Fax 317/233-7047

**Rule 410 IAC 6-7.2-17 requires that "Whenever there is an injury or illness to a camper that results in hospitalization, a positive x-ray or laboratory analysis, or the camper is being sent home, a report shall be sent to the department."**

### **FACILITY INFORMATION**

Name of Facility \_\_\_\_\_ ID# \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

County \_\_\_\_\_

Camp Operator \_\_\_\_\_

Address (If different than above) \_\_\_\_\_

Phone (If different than above) \_\_\_\_\_

### **PERSONAL INFORMATION**

Date of Injury/Accident \_\_\_\_\_

Name of Person Affected \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Did Death Occur? \_\_\_\_\_ Cause of Death \_\_\_\_\_

Type of Injury \_\_\_\_\_

Attending Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Treatment at the Camp \_\_\_\_\_

Treatment at a Medical Facility \_\_\_\_\_

Comments \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_